APP AT Effective Consolidated Appropriations Act. 2005 (H.R. 4818). ANSMITTAL For FY 2005 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

Signature

(\$)300.00

Complete If Known							
Application Number	10/638,098						
Filing Date	08/07/2003	1					
First Named Inventor	Daniel A. Culley						
Examiner Name	Robert Eric Pezzuto						
Art Unit	3671						
Attorney Docket No.	NO36-006						

ellection of information unless it clienters a valid OMR control number

METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):										
X Deposit Account	Deposit Accoun	t Number: 23-(925	Deposit A	ccount Name:_	Wells	St. J	ohn P.S.		
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee										
KX Charge any additional fee(s) or underpayments of fee(s) KX Credit any overpayments										
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card										
	Information and authorization on PTO-2038.									
FEE CALCULATION										
BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES										
Assissation Tune		matt Entity	S	mall Entity		Fees Paid (\$)				
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fee (\$)</u> 200	Fee (5)	- [-66	S Fally (E)		
Utility		150	500	250		100				
Design	200	100	100	50	130	65				
Plant	200	100	300	150	160	80		I		
Reissue	300	150	500	250	600	~ 300	· ——			
Provisional	200	100	0	0	0	0		l		
2. EXCESS CLAIM FE	ES						Fee	Small Entity		
Fee Description Fach claim over 20 or 1	for Reissues	each claim ov	er 20 and m	ore than in t	he original r	natent	5(
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100										
Multiple dependent clai			•			•	36	0 180		
Total Claims	Extra Claim		Foo Pal	<u>q (\$)</u>	-	ependent Cla		l		
23 - 20 or HP = HP = highest number of total	J delene poid for	x 25	<u> </u>	_	Fee (\$)	, <u>Fee</u>	Paid (\$)			
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3 -3 or HP =	0	_ x <u>100</u>	=0					l		
HP = highest number of inde		paid for, if greater	men 3 ·					1		
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)										
for each additiona	iu urawings i ISO sheets o	exceed 100 sile or fraction there	ers or baber	USC 41(a)	11011 5126 166 1(1)(G) and 1	37 CFR 1.16	·(\$125 10 i(s).	amon comity)		
Total Sheets	Extra She				or fraction th			Fee Paid (\$)		
/ 50 = (round up to a whole number) x =										
4. OTHER FEE(S)								Fees Paid (\$)		
Non-English Specification, \$130 fee (no small entity discount)							_			
Other: 2-month extension 225.00								225.00		
STIRMITTED BY	1 4	4//								

Date 12/14/04 Name (Print/Type) Keith D. This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Registration No.

(Attorney/Agent)

Telephone